



**REGULAR PARTY COMMITTEE
STATEMENT OF ORGANIZATION**

State Form 46413 (R5/9-09)

Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

INDIANA ELECTION DIVISION

(CFA-3)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK
SEE INSTRUCTIONS ON REVERSE SIDE.

COPY

FILE NUMBER					
1. IS THIS AN AMENDMENT? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, please enter the file number in this box → 994730					
SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.					
2. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Indiana Green Party Coordinating Committee			3. Acronym or Abbreviated Name (If any) INGP (IGPCC)		
4. Mailing Address (Address where all campaign finance correspondence is received) <input checked="" type="checkbox"/> Check if this is a new address 556 N Highland Ave			5. E-mail Address (Optional) eclecticvibe@indy.rr.com		
6. City Indianapolis	State IN	ZIP Code 46202-3546	7. FAX (Optional) ()	8. Telephone (317) 370-7682	9. Committee Organization Date (MM-DD-YY) 12/08/01
10. Is this committee registered with the Federal Election Commission? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
11. Type of Regular Party Committee (Check one) <input type="checkbox"/> National <input checked="" type="checkbox"/> State <input type="checkbox"/> Congressional District <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Town					
12. Party Affiliation (Check one) <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input checked="" type="checkbox"/> Other Green Party of the United States (GPUS)					
13. Chairperson's Name <input checked="" type="checkbox"/> Check if this is a new chairperson Bethany Hayes			14. E-mail Address (Optional) haybeth2000@yahoo.com		
15. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 1244 N. Illinois Apt 311, Indianapolis, IN 46202			16. Telephone (Day) (317) 635-8732		17. Telephone (Evening) (317) 500-9274
18. Treasurer's Name <input checked="" type="checkbox"/> Check if this is a new treasurer Jay Parks			19. E-mail Address (Optional) eclecticvibe@indy.rr.com		
20. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 556 N Highland Ave., Indianapolis, IN 46202			21. Telephone (Day) (317) 370-7682		22. Telephone (Evening) (317) 370-7682
23. Custodian of Records' Name <input checked="" type="checkbox"/> Check if this is a new custodian Jay Parks			24. E-mail Address (Optional) eclecticvibe@indy.rr.com		
25. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 556 N Highland Ave., Indianapolis, IN 46202			26. Telephone (Day) (317) 370-7682		27. Telephone (Evening) (317) 370-7682
28. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Chase					
SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)					
29. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Jay Parks			Signature of the Committee Chairperson <i>Bethany M. Hayes</i>		
SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)					
30. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.					
31. Typed or Printed Name of Treasurer Jay Parks		Signature of Treasurer <i>Jay Parks</i>		Date (MM-DD-YY) 9-17-11	
SECTION D. CERTIFICATION OF STATEMENT					
I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.					
32. Typed or Printed Name of Chairperson Bethany Hayes		Signature of Chairperson <i>Bethany M. Hayes</i>		Date (MM-DD-YY) 9-17-11	
Warning: Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).					

FOR OFFICE USE ONLY

Elizabeth A. White

SEP 20 2011

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